

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3		2		1			53	
4		0		1			54	
5		0		1			55	
6		0		1			56	
7		0		1			57	
8		0		1			58	
9		0		1			59	
10		0		1			60	
11		0		1			61	
12		0		1			62	
13		0		1			63	
14		0		1			64	
15		0		1			65	
16		0		1			66	
17		0		1			67	
18		0		1			68	
19		0		1			69	
20		0		1			70	
21		0		1			71	
22		0		1			72	
23		0		1			73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			1				TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS			22				TOTAL CLAIMS	